BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CODIA DTO. PTE

Application or Docket Number 09/890181

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			(Coldinary)			2			 I ccc	OR 1				
FOR 10 and the time of the desired and the second a								RATE	FEE		RATE	FEE§		
FOR It are not considered to the second of t					NUMB	ER EXTRA		BASIC FEE	10 No. 10	OR	BASIC FEE	860		
TOTAL CHARGEABLE CLAIMS			\{\bar{\bar{\bar{\bar{\bar{\bar{\ba					X\$.9=	Α,	OR	X\$18=			
INDEPENDENT CLAIMS			8 minus 3 = 5			·		X40=		OR	X80=	400		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	270		
* If the difference in column 1 is less than zero, enter "0"						olumn 2		TOTAL		OR	TOTAL	1530		
CLAIMS AS AMENDED - PART II								i i		1	OTHER			
(Column 1) (Column 2) (Column 3)							· .	SMALL ENTITY			SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 10	Minus	: 2	0	=		X\$ 9=		OR	X\$18=	•		
AME	Independent • Minus FIRST PRESENTATION OF MULTIPLE			***	SCI AIM	<u> </u>		X40=		OR	X80=	•		
	171101711201	ENTATION OF WI	OLITEE DE	CINDEIN	CLANV	<u>" </u>		+135=		OR	+270=			
	. 1.7	STATE OF STREET						TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE			ADDIT. 1 EE			
AMENDMENT B		CLAIMS REMAINING		HIGHEST NUMBER	EST		7 1		ADDI-	1		ADDI-		
		AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total		Minus	**		=		X\$ 9=		OR	X\$18=			
ME	Independent	* ⁽¹ 4)	Minus	***	•	=		X40=			X80=	2.		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1 H	7402		OR	700=			
	·							+135= TOTAL		OR	+270=			
										OR	TOTAL ADDIT. FEE			
	ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• ,	Minus	**		=		X\$ 9=		OR	X\$18=			
AME	Independent	NTATION OF M	Minus	***	01437	=		X40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										'		1,		
• If th entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135= TOTAL		OR	+270=			
••	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR ,	TOTAL ADDIT. FEE			
i	The "Highest Num	ber Previously Paid	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											